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| Effective on 12/08/2004<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4181):<br><h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3> |  | <b>Complete if Known</b><br>Application Number: 10/566,728-Conf. #9704<br>Filing Date: February 2, 2006<br>First Named Inventor: Tomoaki RYU<br>Examiner Name: T. D. Pogmore<br>Art Unit: 2436<br>Attorney Docket No.: 1190-0618PUS1 |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                                                                              |  |                                                                                                                                                                                                                                      |  |
| TOTAL AMOUNT OF PAYMENT (\$) 1,030.00                                                                                                                                                                       |  |                                                                                                                                                                                                                                      |  |

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| <b>METHOD OF PAYMENT (check all that apply)</b><br><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): |  |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP                                                                                              |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                                                                                                                      |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee                                                                                         |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments                                                          |  |

| FEE CALCULATION                                                                                                                                                                                                                                                                                                   |             |                       |             |                                                  |                  |                       |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|-------------|--------------------------------------------------|------------------|-----------------------|----------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES                                                                                                                                                                                                                                                                     |             |                       |             |                                                  |                  |                       |                |
|                                                                                                                                                                                                                                                                                                                   | FILING FEES |                       | SEARCH FEES |                                                  | EXAMINATION FEES |                       |                |
| Application Type                                                                                                                                                                                                                                                                                                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$)                            | Fee (\$)         | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility                                                                                                                                                                                                                                                                                                           | 330         | 165                   | 540         | 270                                              | 220              | 110                   |                |
| Design                                                                                                                                                                                                                                                                                                            | 220         | 110                   | 100         | 50                                               | 140              | 70                    |                |
| Plant                                                                                                                                                                                                                                                                                                             | 220         | 110                   | 330         | 165                                              | 170              | 85                    |                |
| Reissue                                                                                                                                                                                                                                                                                                           | 330         | 165                   | 540         | 270                                              | 650              | 325                   |                |
| Provisional                                                                                                                                                                                                                                                                                                       | 220         | 110                   | 0           | 0                                                | 0                | 0                     |                |
|                                                                                                                                                                                                                                                                                                                   |             |                       |             |                                                  |                  |                       | Small Entity   |
| 2. EXCESS CLAIM FEES                                                                                                                                                                                                                                                                                              |             |                       |             |                                                  |                  |                       | Fee (\$)       |
| Fee Description                                                                                                                                                                                                                                                                                                   |             |                       |             |                                                  |                  |                       | Fee (\$)       |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                           |             |                       |             |                                                  |                  |                       | 52             |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                |             |                       |             |                                                  |                  |                       | 220            |
| Multiple dependent claims                                                                                                                                                                                                                                                                                         |             |                       |             |                                                  |                  |                       | 390            |
| Total Claims                                                                                                                                                                                                                                                                                                      |             |                       |             |                                                  |                  |                       | 195            |
| Extra Claims                                                                                                                                                                                                                                                                                                      |             |                       |             |                                                  |                  |                       |                |
| Fee (\$)                                                                                                                                                                                                                                                                                                          |             |                       |             |                                                  |                  |                       |                |
| Fee Paid (\$)                                                                                                                                                                                                                                                                                                     |             |                       |             |                                                  |                  |                       |                |
| - or HP =                                                                                                                                                                                                                                                                                                         |             |                       |             |                                                  |                  |                       |                |
| HP = highest number of total claims paid for, if greater than 20                                                                                                                                                                                                                                                  |             |                       |             |                                                  |                  |                       |                |
| Indep. Claims                                                                                                                                                                                                                                                                                                     |             |                       |             |                                                  |                  |                       |                |
| Extra Claims                                                                                                                                                                                                                                                                                                      |             |                       |             |                                                  |                  |                       |                |
| Fee (\$)                                                                                                                                                                                                                                                                                                          |             |                       |             |                                                  |                  |                       |                |
| Fee Paid (\$)                                                                                                                                                                                                                                                                                                     |             |                       |             |                                                  |                  |                       |                |
| - or HP =                                                                                                                                                                                                                                                                                                         |             |                       |             |                                                  |                  |                       |                |
| HP = highest number of independent claims paid for, if greater than 3                                                                                                                                                                                                                                             |             |                       |             |                                                  |                  |                       |                |
| 3. APPLICATION SIZE FEE                                                                                                                                                                                                                                                                                           |             |                       |             |                                                  |                  |                       |                |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |             |                       |             |                                                  |                  |                       |                |
| Total Sheets                                                                                                                                                                                                                                                                                                      |             | Extra Sheets          |             | Number of each additional 50 or fraction thereof |                  | Fee (\$)              | Fee Paid (\$)  |
| - 100 =                                                                                                                                                                                                                                                                                                           |             | /50 =                 |             | (round up to a whole number) x                   |                  |                       |                |
| 4. OTHER FEE(S)                                                                                                                                                                                                                                                                                                   |             |                       |             |                                                  |                  |                       | Fee Paid (\$)  |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                                                                                                                   |             |                       |             |                                                  |                  |                       |                |
| Other (e.g., late filing surcharge): 1401 Notice of appeal                                                                                                                                                                                                                                                        |             |                       |             |                                                  |                  |                       | 540.00         |
| 1252 Extension for response within second month                                                                                                                                                                                                                                                                   |             |                       |             |                                                  |                  |                       | 490.00         |

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| <b>SUBMITTED BY</b><br>Signature: <i>[Signature]</i> Registration No. 40,439 Telephone: (703) 205-8035<br>Name (Print): D. Richard Anderson Date: August 5, 2009 |  |  |  |
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